



THE HPV
VACCINE
EXAMPLE

2012-13

THE PRESIDENT'S
CANCER PANEL

PRESIDENT'S CANCER PANEL UPDATE

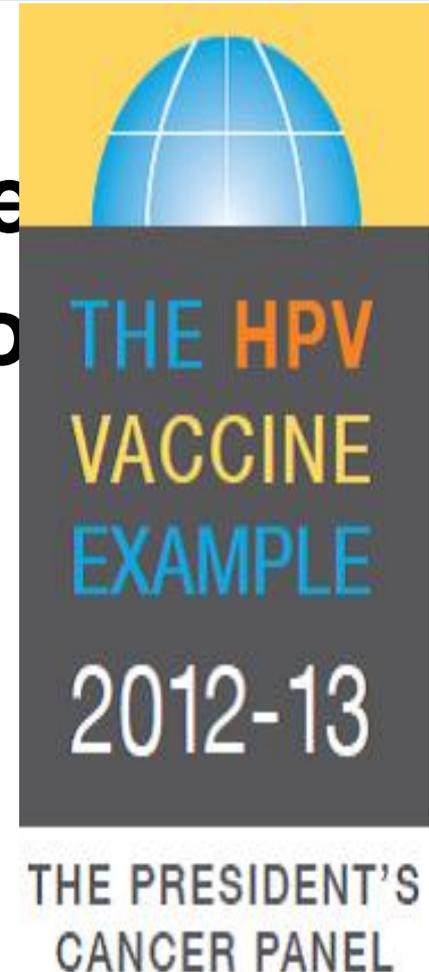
NATIONAL CANCER ADVISORY BOARD
MEETING

2/8/2013

Barbara K. Rimer, DrPH

Overview

- **Update: HPV Vaccine Series**
- **Release of 2010-2011 report**



PCP Mission

- **The Panel shall monitor the development and execution of the activities of the National Cancer Program, and shall report directly to the President.**
- **Any delays or blockages in rapid execution of the Program shall immediately be brought to the attention of the President.**

PCP Members

- **Barbara K. Rimer,**
*DrPH, Univ. of North
Carolina at Chapel
Hill (Chair)*
- **Owen N. Witte, MD,**
*University of California
Los Angeles (Member)*
- **Hill Harper, JD,**
*Cancer Survivor,
Actor and Best-Selling
Author, Los Angeles,
CA (Member)*



HILL HARPER

Accelerating Progress In Cancer Prevention: The HPV Vaccine Example

Four Workshops *(3/4 completed)*

1. **HPV Vaccination as a Model for Cancer Prevention**
2. **Achieving Widespread HPV Vaccine Uptake**
3. **Creating an Integrated HPV Vaccination and Screening Program**
4. **Challenges of Global HPV Vaccination**

HPV vaccination as a Model for Cancer Prevention (San Francisco, 7/2012)

Workshop Co-Chairs

- **Doug Lowy, MD** (*NCI*)
- **Cosette Wheeler, PhD** (*University of New Mexico*)

HPV Vaccination as a Model for Cancer Prevention

Workshop Focus

- **Fundamental science and efficacy of HPV vaccines**
- **Global distribution of HPV-related cancers—surveillance and epidemiology**
- **High priority populations for vaccination**
- **Next-generation vaccines**

HPV Vaccination as a Model for Cancer Prevention

Key Points

- **Increasing HPV vaccine uptake, especially among males, should be a high priority.**
- **Data from ongoing studies on the efficacy/duration of protection from <3 vaccine doses may influence changes in vaccination recommendations and policies (*e.g., number of doses required*).**

HPV Vaccination as a Model for Cancer Prevention

Key Points

- **Research is needed to define natural history of oropharyngeal HPV infections.**
- **Validated screening methods should be developed for non-cervical (*e.g. oral*) HPV-associated cancers**
- **High quality data systems are essential to support vaccine monitoring and surveillance.**

Achieving widespread HPV Vaccine Uptake (Washington, DC, 9/2012)

Workshop Co-Chairs

- **Noel Brewer, PhD** (*Gillings School of Global Public Health at UNC*)
- **Robert Croyle, PhD** (*NCI, Div. of Cancer Control and Population Sciences*)

Achieving Widespread HPV Vaccine Uptake

Workshop Focus

- **Barriers and behavioral factors influencing uptake**
- **Programmatic approaches, including policies, to increase vaccine uptake and dissemination**
- **Financing, development, and implementation of large-scale HPV vaccine efforts**
- **Lessons from countries with high vaccine**

Achieving Widespread HPV Vaccine Uptake

Key Points

- **Major opportunity to increase vaccine uptake and realize goal of cancer prevention**
- **Endorse Healthy People 2020 HPV goals; encourage adding male vaccination goal.**
- **HPV vaccine is an anticancer vaccine that prevents several forms of cancer; most effective when given to adolescent males**

Achieving Widespread HPV Vaccine Uptake

Key Points: Health Providers

- **Educate physicians/providers about cancer prevention benefits and efficacy of HPV vaccine.**
- **Efforts are needed to overcome vaccine hesitancy.**
- **Vaccine uptake could be improved by allowing pharmacists (and other providers?) to administer booster**

Achieving Widespread HPV Vaccine Uptake

Key Points

- **Consider HPV vaccination as part of broader adolescent health platform.**
- **Give special attention to increasing vaccination rates in areas with low uptake.**
- **Monitoring and surveillance depend upon EHRs and vaccine registries, integrated with reminder systems, and linked to**

Creating an Integrated HPV Vaccination and Screening Program (Chicago, 11/2012)

Workshop Co-Chairs

- **Marcus Plescia, MD, MPH** (*CDC*)
- **Tamera Coyne-Beasley, MD, MPH** (*UNC-Chapel Hill; ACIP*)
- **Mona Saraiya, MD, MPH** (*CDC*)

Creating an Integrated HPV Vaccination and Screening Program

Workshop Focus

- **Potential population health and economic impacts of widespread HPV vaccination—esp. on cervical cancer screening**
- **Tools and resources to support integrated approaches to HPV vaccination and screening, e.g., EHRs, linked vaccine and cancer registries**
- **Health professionals authorized to**

Creating an Integrated HPV Vaccination and Screening Program

Key Points

- **Widespread uptake of HPV vaccines will shift balance of screening risks and benefits—may enable reductions in screening (*initiation & interval*) and provide rationale for primary HPV testing.**
- **Physicians need tools to facilitate adherence to guidelines and communication with patients about evidence-based screening practices in the HPV era.**

Creating an Integrated HPV Vaccination and Screening Program

Key Points

- **Effective consumer education/information campaign, using social media and other strategies, is needed.**
- **Electronic health records and vaccine registries linked to cancer registries are critical for monitoring, surveillance and evaluating impact of HPV vaccination.**

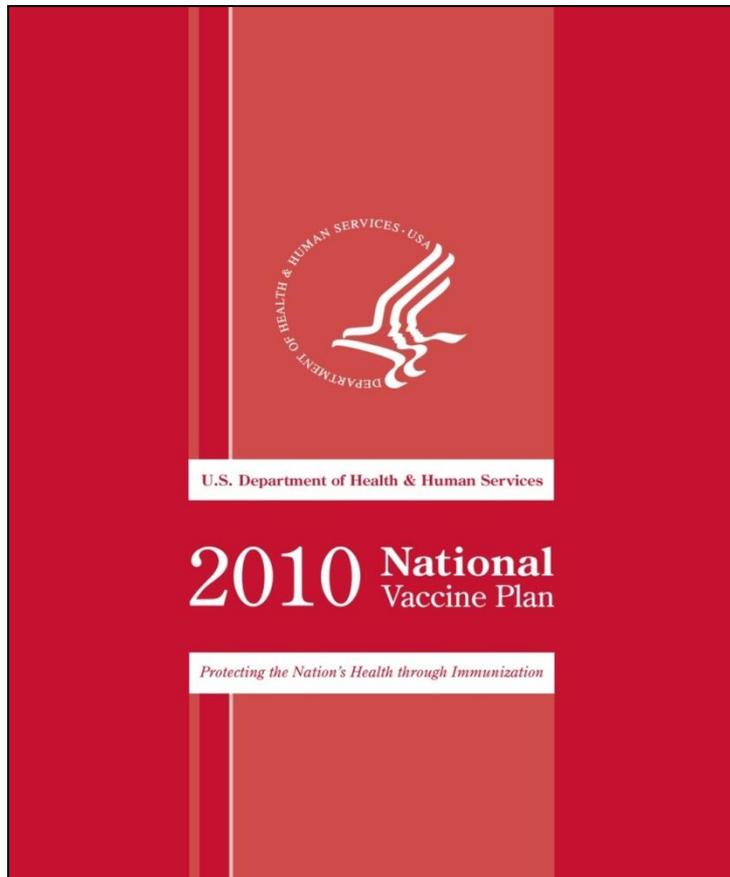
New Cervical Cancer Screening Guidelines (ACS, 2012; USPSTF, 2012)

- **Cervical cancer screening should begin at age 21.**
- **Women aged 21-29 should have Pap tests every 3 years.** HPV testing should *not* be used in this age group unless needed after an abnormal Pap test result.
- **Women aged 30-65 should have Pap tests + HPV tests (“co-testing”) every 5 years.** It is also OK to have Pap tests alone every 3 years. **(ACS)**
- **USPSTF: Women aged 21-65 should have Pap smears every 3 years or, for women aged 30-65, option of Pap tests and HPV testing every 5**

New Cervical Cancer Screening Guidelines (ACS, 2012)

- ❑ **Women over age 65 who've had regular cervical cancer testing with normal results should *not* be tested.**
- ❑ **A woman who had her uterus removed (also **cervix**) for reasons not related to cervical cancer and who has no history of cervical cancer or serious pre-cancer **should *not* be tested.****
- ❑ **A woman who has been vaccinated against HPV should still follow the screening recommendations for her age group.**

DHHS 2010 National Vaccine Plan



- 1. Develop new and improved vaccines.**
- 2. Enhance the vaccine safety system.**
- 3. Support communications to enhance informed vaccine decision-making.**
- 4. Ensure a stable supply of recommended vaccines and achieve better use of existing vaccines to prevent disease, disability and death in the United States.**

http://www.hhs.gov/nvpo/vacc_plan/

Slide from Bruce Gellin, Deputy Asst Sec for Health Director National Vaccine

5. Increase global prevention of

Challenges of Global HPV Vaccination

(Miami, 4/23 - 24, 2013)

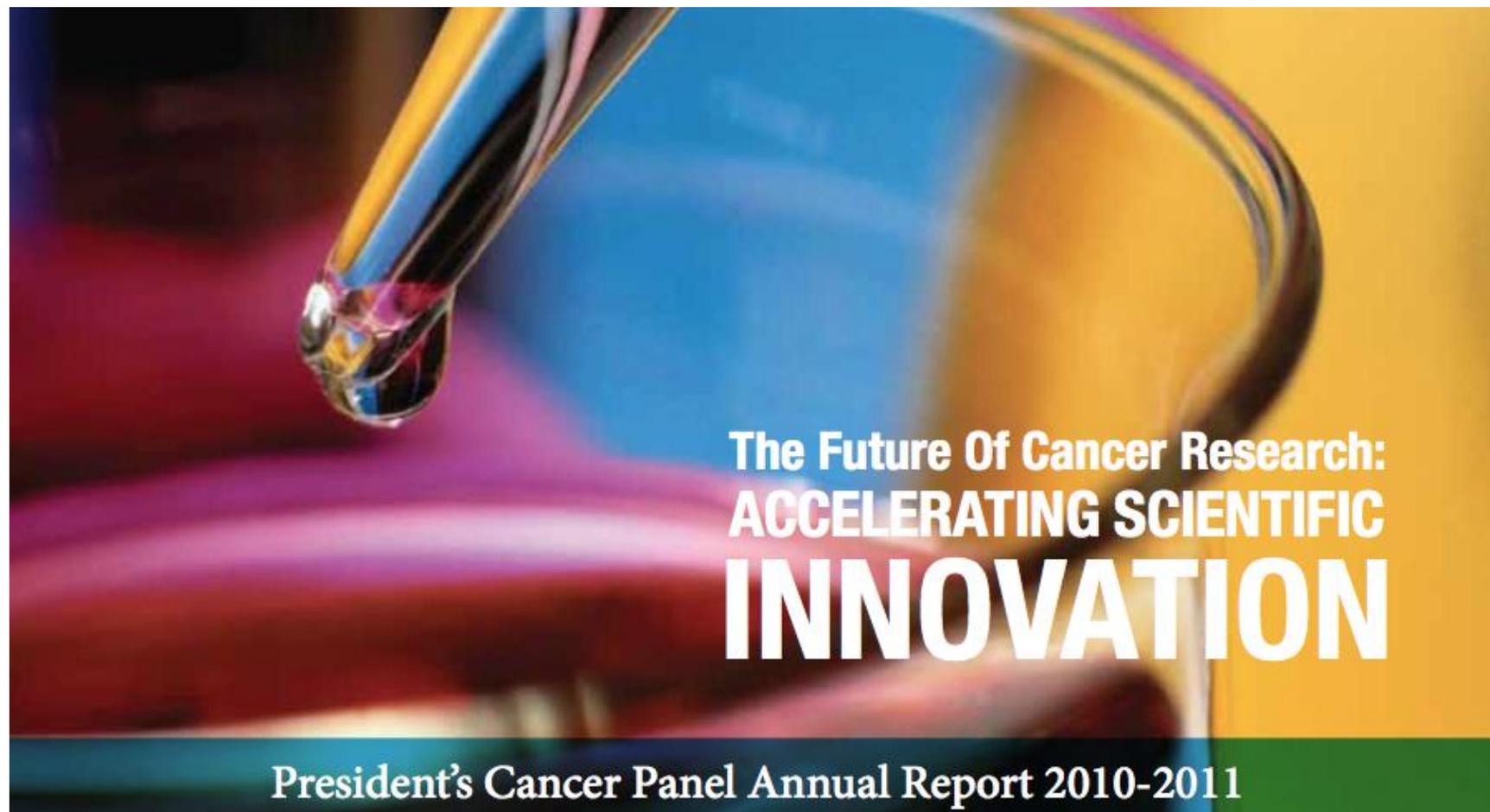
Workshop Co-Chairs

- Anne Schuchat, MD (CDC)
- Ted Trimble, MD, MPH (NCI)
- Funmi Olopade, MD, FACP (University of Chicago)

Workshop Focus

- Global epidemiology of HPV infection and HPV vaccination coverage
- Global HPV vaccine policy and financing
- Global vaccine program development,

Report of the Previous Panel



The Future Of Cancer Research:
ACCELERATING SCIENTIFIC
INNOVATION

President's Cancer Panel Annual Report 2010-2011

The Future of Cancer Research: Accelerating Scientific Innovation

- **Final report of the previous Panel**
- **Full report will be available at**
<http://pcp.cancer.gov>

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